

CASE TRANSFERS
December 18, 2002 – P.T. 2002.31

ADMINISTRATIVE PROCEDURE # 9

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Section 9.1 Purpose

These procedures address transfers of new and existing cases including: placement disruptions, agency downsizing, license transfers, and court ordered transfers. In Cook County these procedures shall work in tandem with the Cook County Case Assignment Protocol.

Case transfer requirements are established in order to ensure:

- o that cases are transferred in a timely manner between regions, sites, field offices, and workers;
- o that the provision of services is not interrupted;
- o that cases accepted by receiving offices contain the information needed for service provision and case management;
- o that the cost of services is equitably distributed among regions; and
- o when the responsibility for a family is split between offices, to ensure that each office understands its service responsibilities, payment responsibilities, planning responsibilities and reporting responsibilities.

Section 9.2 Definitions

"Child service case" means a case which is open on MARS/CYCIS because the Department has assumed legal responsibility for a child.

"Family", when used in the context of this procedure, refers to the child's "legal" family meaning either the child's birth family or adoptive family.

"Family service case" means a case, which is open on MARS/CYCIS because the Department is providing services, either directly or by purchase of service, to the family.

"Fiscal and planning responsibility" means the responsibility for arranging for and paying for purchased services; for ensuring that the court receives service plans, supplemental petitions, and other required notices; for ensuring that the client service planning requirements are implemented, and for ensuring that eligibility redeterminations are done. If a child is placed outside of the area served by the office with fiscal and planning responsibility, the placing office is also responsible for assuring that the placement complies with **Department Rule 301, Placement and Visitation Services**.

"Parent" when used in the context of this procedure, refers to the child's "legal" parent meaning either the child's birth parent or adoptive parent.

"Payment/monitoring only case" means a case which is open on MARS/CYCIS in order to make payments or to record staff time spent providing services to another agency or individual.

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"Placement supervision" means the responsibility for supervising the placement of a child rests with one field office while another field office retains fiscal and planning responsibility for the case. Placement supervision includes responsibility for:

- o ensuring that the placement meets Departmental licensing or approval standards, as appropriate;
- o drafting the child's portions of the service plan (CFS 497, Parts II (child) and III) and submitting them to the office which retains fiscal and planning responsibility. In addition, the placement supervision worker may, with supervisory approval, attend the case review in unusual or sensitive cases or when the worker's presence will greatly aid case planning;
- o ensuring that the child's parts of the service plan are implemented, including the child's needs outlined by the HealthWorks lead agency and/or medical case management agency;
- o providing information about the child's income for eligibility redeterminations and submitting this information to the office which retains fiscal and planning responsibility;
- o making arrangements for the child
 - to attend administrative case reviews, when appropriate;
 - to visit with his or her parents as required by the service plan;
- o complying with the recording requirements; and
- o completing the required worker contacts with the child and substitute care provider.

"Transfer" means fiscal and planning responsibility for a case which is open on CYCIS is changed, via a **CFS 1425, Change of Status Form**, from one region, site, or field office to another or from a purchase of service agency to the Department or to another purchase of service agency. A different worker is assigned when a case is transferred.

Section 9.3 General Principles Applicable to All Case Transfers

a) Responsible Worker

A case is not officially transferred until it is transferred in CYCIS. The sending caseworker has responsibility for serving the case until that time. **If a case is in a worker's/agency's name in CYCIS, they are responsible for providing services on that case.** The receiving team is responsible for the case at the point the transfer is made in CYCIS. In addition, the sending worker must attend all court hearings and Administrative Case Reviews (ACR's) scheduled to occur 30 calendar days after the case is transferred in CYCIS, as well as completion of all required CERAPs in accordance with **Procedures 315, Appendix A**. All case transfers must have a face-

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to-face staffing within five working days of the transfer, and should include the child, caregiver, and family whenever possible.

b) Contents of Transferred Case Record

- 1) The Department is committed to a 'no-decline' policy for DCFS child welfare team supervisors. When the case is assigned to the team in CYCIS the client must be served, regardless of the quality or location of the client's case record. Supervisors may not decline a transferred case due to problems with the case file or service provisions. However, receiving supervisors should expect and demand complete case files per Departmental standards for cases transferred from a purchase of service agency under the following circumstances:
 - A) a child is placed into a private institution (IPA), group home (GRH), or emergency shelter (ERC);
 - B) a child has been **sentenced** to more than 90 days in the Department of Corrections (DOC);
- 2) For cases that are being transferred between POS and DCFS, or from POS to POS, or DCFS to DCFS, the receiving agency or office will receive a **CFS 497 Client Service Plan** and the original complete case record. In some cases when an agency has been ordered off a case by the court due to poor performance, there may not be a complete case record available. The case record should be in the format outlined in **Administrative Procedure #5, Child Welfare Case Record Organization and Uniform Recording Requirements**, and will minimally include: a case entry summary (as outlined in **AP #5, Appendix B**), presenting problem, previous placement(s), services provided or attempted, all health services information, including name and address of current primary care physician, and results of service intervention and present care status, reason for referral, permanency goal and service objectives.

c) Case Transfer Criteria (When transfers are allowed)

- 1) Case transfers are allowed when:
 - A) an agency has a case with which they have had a prior relationship with the family or child, or for cases for which they are currently serving the family either intact or in placement;
 - B) an agency determines it is in the best interest of the child and family to consolidate siblings and a consolidated placement is available (Agencies are expected to place siblings within a single home in accordance with **DCFS Rule and Procedure 301.70** and assign the case to a single agency worker);
 - C) a child cannot be served in an appropriate foster care home by the originally assigned agency;

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- D) a child being served intact is placed in substitute care;
 - E) a case is appropriate to be transferred from a POS agency to DCFS or to another POS agency (see [Section 9.5 \(a\)](#) and [\(b\)](#));
 - F) a case is unassigned;
 - G) language appropriate services are required;
 - H) a child meets the criteria for specialized foster care and the agency is unable to provide the level of care for the child.
 - I) a child is moved into an institutional setting (a Placement Review Team (PRT) staffing must be completed);
 - J) a child moves into an Independent Living Only (ILO) setting;
 - K) a family case is opened in one region but the family's legal address is another region (see [Section 9.4 \(c\) \(1\)](#));
 - L) a child requires services from the Teen Pregnant/Parenting Services Network (TPSN).
- 2) For cases not covered by the above, transfers must be approved by the Regional Administrator or designee for DCFS or the APT for POS agencies.
- 3) For Cook County staff, the following conditions apply:
- A) Follow-up workers carry their cases forward to permanency, either through reunification, adoption, private guardianship, or subsidized guardianship. When a child is reunified with his/her family, the case will not be transferred to a Child Protective Services (CPS) team but will continue to be served by the same DCFS worker or private agency until the family case is closed. Funding for reunification services is available per the terms of the agency's foster care contracts.
 - B) There will be no transfers within Cook County based only on a change of birth/parent address. However, when a case is to be transferred for other reasons, the parent's address must be considered. The address that will be used as the basis for case assignment is the current address of the parent as verified by a visit in the last 30 days and updated address change documented on the **CFS 1410, Case Registration/Case Opening Form**. If the parent's address is unknown, and no address has ever been registered for the parent, the address of the oldest sibling's placement will be used.

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Section 9.4 Transfers of Placement Cases by the Department

This Section describes case transfers of placement cases made by the Department either to other Department staff, offices, or regions or to private agencies.

a) Family Case Responsibility

1) Open Family Case

When there is an open family case, the region serving the area where the family resides has fiscal and planning responsibility for the family case and any related child cases. Responsibility for the family case may be transferred only when the family moves to another region (**except moves between Cook regions**). The address that will be used as the basis for case assignment is the current address of the parent as verified by a visit in the last 30 days and an updated address change documented by the **CFS 1410, Case Registration/Case Opening Form**.

2) No Open Family Case

When there is no open family case, the region serving the area where the child(ren) reside has full responsibility for the child case except as provided below. (Refer to **Procedures 306.4**, page P 306(3), for an explanation of when a family case can be closed while a child case remains open.)

- A) Children placed in group homes or institutions are considered temporarily absent from their residence in order to receive treatment. The DCFS office that placed the child retains full case responsibility.
- B) If children have been placed in a pre-adoptive or adoptive home, the office that placed the children will retain fiscal and planning responsibility. The DCFS or POS office serving the foster home is responsible for supervision of the pre-adoptive placement.
- C) If children have been placed out-of-state, the office that placed the children will retain fiscal and planning responsibility. The receiving state is responsible for placement supervision as required by the interstate placement provisions.

b) Transfer of DCFS Placement Case to POS Provider

- 1) When a child is stepped down into traditional foster care or relative home care from another placement, this will be viewed as an opportunity to consolidate a family case and a reassignment may occur. Exceptions include:
 - A) Movement between traditional foster care and HMR (in either direction) will not result in an agency reassignment. DCFS and POS agencies are to manage this transition within their region or agency.

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- B) **Cook County Only-** If for clinical or continuity reasons it is determined it is not in the best interest of the child to be transferred, the DCFS Field Services Manager or POS Intake Liaison must notify the Case Assignment Placement Unit through a faxed **CFS 906** with a note explaining the special situation. This special process will ensure that the placement change will not result in the reassignment of the case.
- C) In the case of HIV exposed or infected children, the administrator of the DCFS HIV program may designate an agency that can appropriately serve this special population. If the DCFS HIV program is involved in a case, the HIV program, not the caseworker, should contact the Case Assignment Placement Unit and/or the appropriate Agency Performance Team liaison.
- 2) For children who are stepped down into HMR or traditional foster care from specialized foster care, independent living (ILO), group homes or institutions, the transferring worker will provide case information to the receiving agency, including a case entry summary as outlined in **Appendix B of Administrative Procedure #5**. The case record will be given to the agency at the face-to-face staffing with the sending caseworker. This transfer staffing must take place within five working days of case transfer. It is mandatory that both the sending and receiving caseworker coordinate this face-to-face staffing. The sending worker will bring originals of all case material. The sending worker may retain a copy of all case material.
- A) **Cook County Cases Only**
- For foster care cases, the sending Regional Administrator, Field Service Manager or their designee will review the record for appropriateness. Workers and supervisors are not authorized to privatize cases without appropriate approval.
- If the child has siblings in the system, it is the responsibility of the sending Field Service Manager to ensure they have been identified so the case can be transferred to the agency serving the siblings.
- For those cases that are appropriate for transfer per [Section 9.3\(c\)](#), the sending Field Service Manager will contact the CAPU and forward case material for the receiving agency (investigation, comprehensive assessment, **CFS 497 Client Service Plan**, social history, current **CFS 906s**). When agreement has been reached on case acceptance based on criteria listed in [Section 9.3\(c\)](#), a face-to-face staffing between workers will be scheduled to occur within five working days (the receiving worker must have a valid ID number). The sending worker will bring originals of all case material (she or he may retain a copy of all case material) and **CFS 1425, Change of Status Form**, with the sending portion completed and signed by his or her supervisor. The receiving worker will sign the **CFS 1425** at the conclusion of the face-

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to-face staffing. Workers should retain a copy of the **CFS 1425** for their records. The transfer information on the **CFS 1425** will be forwarded to the Department for data entry.

For movement into ILO, the case will be assigned to the POS worker serving the ILO child(ren). It is important to note that ILO workers **do not** carry family cases.

B) Non-Cook Cases

For foster care cases, the Field Service Manager or their designee will review the record for appropriateness.

If the child has siblings in the system, it is the responsibility of the sending Field Service Manager to ensure they have been identified so the case can be transferred to the agency serving the siblings.

For those cases which are appropriate for transfer per [Section 9.3\(c\)](#), the sending supervisor will contact the POS intake contact and forward case material for the receiving agency (Investigation, comprehensive assessment, service plan, social history, current **CFS 906s**). When agreement has been reached on case acceptance based on criteria listed in [Section 9.3\(c\)](#), a face-to-face staffing between workers will be scheduled to occur within five working days (the receiving worker must have a valid ID number). The sending worker will bring originals of all case material (she or he may retain a copy of all case material) and **CFS 1425, Change of Status Form**, with the sending portion completed and signed by his or her supervisor. The receiving worker will sign the **CFS 1425** at the conclusion of the face-to-face staffing. Each worker should retain a copy of the **CFS 1425** for his or her records. The transfer information on the **CFS 1425** will be forwarded to the Department for data entry.

c) DCFS to DCFS Case Transfer

1) Inter-regional Case Transfer Procedures

Cases may be transferred between non-Cook and/or non-Cook and Cook regions when the family moves to another region. The address that will be used as the basis for case assignment is the current address of the parent as verified by a visit in the last 30 days and updated address change documented on the **CFS 1410, Case Registration/Case Opening Form**. If the parent's address is unknown, and no address has ever been registered for the parent, the address of the oldest sibling's placement will be used. Cases will **not** be transferred when the child is placed in another region. (A change in placement does not warrant a case transfer. Cases will be transferred based on the parent's address, regardless of court venue.

When a child is taken into protective custody in a region different than the parent's region, the case should be opened in the region in which the parent resides. DCP staff should work with the appropriate regional Department

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staff to ensure case opening. For cases to be opened in Cook County, DCP should contact CAPU. For non-Cook, DCP should contact the appropriate Field Service Manager.

The sending Field Service Manager (FSM) or regional liaison will review the record for appropriateness (based on criteria for transfer detailed in [Section 9.3 \(c\)](#) of this Administrative Procedure. For those cases that are appropriate for inter-regional transfer, the FSM/regional liaison will forward a CFS 1425, with name, ID number, and region/ site/ field of the sending worker, and the FSM signature as approval for transfer to CAPU (Cook) or the receiving FSM (Non-Cook).

The sending FSM (non-Cook cases)/CAPU (Cook cases) will assign the case, inform the receiving site liaison that a case has been transferred in CYCIS to a team in their site and forward the assignment material to the site liaison. The sending FSM (CAPU for Cook cases) should note the reason for the transfer request e.g., parent's move to the receiving region.

The receiving supervisor will contact the sending supervisor to schedule a face-to-face staffing between workers within five working days. The sending worker will bring all case material in accordance with AP #5 to the staffing. If a face-to-face staffing is not possible, all case information should be sent via certified mail to the receiving FSM. A telephone conference call between the sending and receiving workers should occur within five days of transfer.

2) Inter-regional Placement Supervision

When a child(ren) is placed in Department supervised foster care outside of the area served by the family's office, the region serving the placement area may provide placement supervision, without fiscal or planning responsibility for the child(ren)'s case. Fiscal and planning responsibility remains with the family case's region. The placement supervision worker is responsible for:

- A) reporting their concerns to the appropriate licensing person, if there appears to be a problem with the placement meeting Departmental licensing or approval standards;
- B) drafting the child's portion of the service plan (CFS 497, Parts II (child) and III) and submitting them to the family worker. In addition, the placement supervision worker may, with supervisory approval, attend the ACR in unusual or sensitive cases or when the worker's presence will greatly aid case planning;
- C) ensuring that the child's parts of the service plan are implemented;
- D) providing information about the child's income for eligibility redeterminations and submitting this information to the family worker;

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- E) making arrangements for the child;
 - i) to attend administrative case reviews, court hearings, and family meetings, when appropriate;
 - ii) to visit with his/her parents/siblings as required by the service plan.
- F) complying with case recording requirements; and
- G) completing the required worker contacts with the child and substitute care provider.

To establish placement supervision, the Field Service Manager (FSM) will complete a **CFS 1425** for worker transfer only. Do not transfer region/site/field responsibility. The sending region/site/field will retain fiscal and planning responsibility, but the worker in the receiving region will get the monthly tickler and reports for the case. To establish placement supervision in Cook County, Non-Cook regions should contact the Case Assignment Placement Unit. To establish placement supervision Non-Cook, the sending FSM should contact the receiving region's FSM. The sending FSM (CAPU for Cook cases) should note the reason for the regional assignment, e.g. placement near the field office.

3) Within Cook Regions: DCFS Case Transfer Procedures

There will be no transfers within Cook County based only on a change of parent address. However, when a case is to be transferred for other reasons, the parent's address must be considered. The address that will be used as the basis for case assignment is the current address of the parent as verified by a visit in the last 30 days and updated address change documented by **Case Registration Form (CFS 1410)**. If the parent's address is unknown, and no address has ever been registered for the parent, the address of the oldest sibling's placement will be used.

The sending supervisor will review the record for appropriateness based on criteria for transfer in [Section 9.3 c](#). For those cases that are appropriate, a **CFS 1425**, with name, ID number, and region/site/field of the sending worker will be completed and approved and signed by the Field Service Manager.

CAPU will review the case for appropriateness for transfer, assign the case, inform the receiving site liaison that a case has been transferred in CYCIS to a team in their site and forward the assignment material to the site liaison. If the assignment is to a team in the same site, the sending supervisor will be expected to give the case assignment material to the receiving supervisor.

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The receiving supervisor will contact the sending supervisor to schedule a face-to-face staffing between workers within five working days and should include the child, caregiver, and family whenever possible. The sending worker will bring all case material in accordance with **AP #5** to the staffing.

4) Within Team Transfers

Supervisors are authorized to transfer cases within their teams. For all cases, supervisors must enter the **CFS 1425** case transfer information and ensure that a face-to-face staffing occurs between the workers on their team and should include the child, caregiver, and family whenever possible.

Section 9.5 Transfers by Purchase of Service Agencies

a) POS to DCFS Case Transfers

1) Allowable Transfers

It is the Department's intent that once HMR, traditional, or specialized foster care cases are assigned to a private agency for casework responsibilities, private agencies will not transfer the case back to DCFS. However, there are some circumstances that may prove difficult for private agencies to maintain casework responsibilities.

A private agency must transfer a case to the Department for the following reasons:

- A) a child is placed into a private institution (IPA), group home (GRH), or emergency shelter (ERC) for more than ten days;
- B) a child has been sentenced to more than 90 days in the Department of Corrections (DOC);
- C) the Department or the Court has determined that the best interest of the child, family, or foster parent requires a reassignment;
- D) a child is placed in the Commonwealth of Puerto Rico;
- E) a child is placed in: an Independent Living Program (ILO), including Job Corps; a college/university living arrangement (CUS); Youth in College; armed services duty (ASD), or Youth in Employment.

2) Agency Performance Team Involvement

Department Agency Performance Teams (APT) are the gatekeepers for case transfers from private agencies to the Department. With the exception of initial assignments backed out by the Department, no case may be transferred from a POS agency to the Department without approval by APT. Prior to transfer, APT will ensure that the private agency has

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indicated via their signature on the CFS 1425, that there is no conflict of interest with the assigned case manager. Once approved for transfer by APT, the CFS 1425 and the CFS 1426, **Approval for Case Transfer Form** are forwarded to the Department for case assignment and transfer. **Re-assignments are based on the parent's current address, not the child's placement location.** The Agency Performance Team (APT) or Case Assignment Placement Unit (CAPU) in Cook cases must note the reason for assignment to the field office, e.g. child's LAN of origin.

3) POS to DCFS Transfer of Children in Residential Placements

- A) The private agency worker will exhaust all available placement options for the child before considering institution or group home placements. These include SASS, placement System of Care (SOC) services, counseling, diligent searches for a relative, other foster home placements within the private agency's system, other foster homes outside the agency, etc. (Note: If an agency locates a foster care placement within another agency, and the other agency and foster parent agree, casework responsibility remains with the original agency unless the casework function is approved to be transferred by the APT).

When it is determined by the Placement Review Team (PRT) that an Institution/Group Home/Shelter is the least restrictive setting for a child, the private agency must transfer the case to the Department as follows:

- o **Emergency shelters** - within ten work days of admission. A ten work day extension may be granted by the APT Monitor if the agency can demonstrate that they have a viable, alternative non-residential placement.
- o **Diagnostic shelters** - within ten work days of admission, if the agency does not have a viable, alternative non-residential placement. The APT Monitor may grant an extension until ten work days after the scheduled completion of the diagnostic assessment if the agency can demonstrate that they have a viable, alternative non-residential placement.
- o **Long term Residential Care** (in either group homes or childcare institutions) - within ten work days of admission. There is no basis for granting an exception. Note that residential substance abuse treatment programs are considered short-term and the case should remain with the POS agency for case management.

B) Approval for Transfer Form

- i) The private agency worker will fill out the **CFS 1426, Approval for Case Transfer Form** to indicate efforts for finding alternative placements before transferring the case back to DCFS. **If the placement is made to a residential placement, there is no**

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alternative to transferring the case to DCFS. The form must be reviewed and signed by the private agency supervisor before being forwarded to the Agency Performance Team. At that point, the date of the Placement Review Team staffing and name of the person convening the staffing, as well as specific information about the residential placement, must be written in the 'Reason for Request to Transfer to DCFS' section of the form.

- ii) The APT will use the information on the **CFS 1426, Approval for Case Transfer Form** to determine if the case may be transferred back to DCFS. The APT will return the form to the private agency within three working days indicating if the request for transfer has been approved or denied.
- iii) If the request for transfer has been approved, the APT must then fax a current **CFS 906** and a **CFS 1425** to the appropriate Department staff within three working days. For Cook cases, APT will forward the documentation to the CAPU. For non-Cook cases, APT will contact the FSM at the appropriate field office. The receiving FSM should approve acceptance of the case to a particular field office (based on geo-code of origin) within three days of contact from APT.
- iv) If the transfer is not approved, the APT may assist the private agency in securing alternative services while maintaining case responsibility.
- v) At the point the reassignment is complete in CYCIS the case becomes the responsibility of the receiving team supervisor and team.
- vi) The supervisor will assign all cases from the team's unassigned worker ID to a case manager ID within 2 working days. The supervisor will direct workers who have been assigned a case transferred from a private agency to contact the private agency worker within one working day for a transfer staffing. The POS worker should also seek out the receiving Department worker to arrange a face-to-face staffing and should include the child, caregiver, and family whenever possible.
- vii) The DCFS caseworker must have a face-to-face transfer meeting with the private agency worker within five working days of case assignment to the team. The original case record is transferred at this meeting. Private agencies may retain a copy of the case record. In addition, both the sending and receiving worker will attend all court hearings and ACR's for 30 calendar days after the case is transferred in CYCIS.

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- 4) POS to DCFS Transfers for Children Placed in Detention or the Department of Corrections

When a child is placed in detention for less than 90 days, the case remains with the private agency for case management services. Once the child is sentenced and placed in the Department of Corrections and the sentence exceeds 90 days, the private agency should initiate steps to transfer the child's case to DCFS. If the child is the only child involved with the private agency, both the family and child case should be transferred to DCFS. If the agency provides services to other siblings, the private agency retains the family case and only transfers the case of the child in DOC.

- A) The sending agency worker must fax a **CFS 1426, Approval for Case Transfer Form**, a current **CFS 906, Placement/Payment Authorization Form**, and a **CFS 1425** to their APT liaison within three working days. The child's sentencing information must be written in the 'Reason for Request to Transfer to DCFS' section of the form and should include: the address of the correctional facility, the sentencing date, type of crime, and the expected duration of incarceration. In Cook County, APT will fax the above information with a signed **CFS 1426, Approval for Case Transfer Form** to CAPU within three days. For non-Cook cases, APT will contact the FSM at the appropriate field office. The receiving FSM should approve acceptance of the case to a particular field office (based on geo-code of origin) within three days of contact from APT.
- B) At the point the reassignment is complete in CYCIS, the case becomes the responsibility of the receiving team supervisor and team. The field office liaison will forward the assignment material to the appropriate DCFS team supervisor.
- C) The supervisor will assign all cases from the team's unassigned worker ID to a case manager ID within 2 working days. The supervisor will direct workers who have been assigned a case transferred from a private agency to contact the private agency worker within one working day for a transfer staffing. The POS worker should also seek out the receiving Department worker to arrange a face-to-face staffing and should include the child, caregiver, and family whenever possible.
- D) The DCFS caseworker must have a face-to-face transfer meeting with the private agency worker within five working days of case assignment to the team. The original case record is transferred at this meeting. Private agencies may retain a copy of the case record. In addition, both the sending and receiving worker will attend all court hearings and ACR's for 30 calendar days after the case is transferred in CYCIS.

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5) POS to DCFS Transfers with Department or Court Intervention

Protocols governing the transfer of wards due to Department intervention must allow for significant differences from the above protocols. Private agency staff may not be available to ensure a smooth transition, or case records may be incomplete or temporarily inaccessible. However, it is in the client's interests that service delivery commence immediately. Unless specifically noted, a Department initiated transfer may be transferred to another private agency.

For those instances where transfer is required due to intervention of the Department:

- A) Department staff will notify by telephone the designated private agency administrator and the affected private agency's team supervisors of the cases for impending transfer.
- B) APT staff will request that the current caseworkers immediately prepare materials for transfer and submit a case entry summary (as outlined in **AP #5**) and a **CFS 1425** to APT.
- C) APT staff will coordinate reassignment of the case(s) to the Department or another POS agency.
- D) APT may proceed with transferring cases without case records or case materials, depending upon the severity of conditions requiring transfer, or the likelihood that the necessary materials will be received in a timeliness appropriate to the urgency requiring the transfer.
- E) APT teams will report progress toward effecting the necessary transfer to their supervisor on a weekly basis.
- F) When possible, the receiving team will arrange a face-to-face transfer staffing within five days of learning of the transfer.

6) Children Placed in Puerto Rico

Children in out-of-state placements will no longer be transferred to the Department, except for children placed in the Commonwealth of Puerto Rico. POS agencies are expected to continue to monitor the case, interface with the Interstate Compact office, and move the case to permanency as appropriate. For children placed in Puerto Rico through an Interstate Compact:

- A) The sending agency worker must fax a **CFS 1426 Approval for Case Transfer Form**, a current **CFS 906**, and a **CFS 1425** to their APT liaison within three working days of approval of the interstate compact. Prior to transfer, the child will have been placed in the out-of-state placement, an approved interstate compact will be completed,

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and a completed **CFS 490-1 Interstate Compact Report on Child's Placement Status Form** must be submitted to the Interstate Compact office. APT will fax the above information with a signed **Approval for Case Transfer Form** to the receiving FSM within three working days.

- B) At the point the reassignment is complete in CYCIS, the case becomes the responsibility of the receiving team supervisor and team. The field office liaison will forward the assignment material to the appropriate DCFS team supervisor.
 - C) The supervisor will assign all cases from the team's unassigned worker ID to a case manager ID within 2 working days. The supervisor will instruct workers who have been assigned a case transferred from a private agency to contact the private agency worker within one working day for a transfer staffing. The POS worker should also seek out the receiving Department worker to arrange a face-to-face staffing and should include the child, caregiver, and family whenever possible.
 - D) The DCFS caseworker must have a face-to-face transfer meeting with the private agency worker within five working days of case assignment to the team. The original case record is transferred at this meeting. Private agencies may retain a copy of the case record. In addition, both the sending and receiving worker will attend all court hearings and ACR's for 30 calendar days after the case is transferred in CYCIS.
- 7) Children in College/University Scholarship (CUS), Youth in College, Armed Services Duty (ASD), or Youth in Transition Living Arrangements

When a child resides in one of the above living arrangements, the POS agency should initiate steps to transfer the child's case to DCFS, except for movement into ILO. For children in ILO placements, the case will be assigned to the POS worker serving the ILO child(ren). If the child is the only child involved with the private agency, both the family and child case should be transferred to DCFS. ILO workers do not carry family cases. If the agency provides services to other siblings, the private agency retains the family case and only transfers the case of the child in a CUS, ASD, or YIT living arrangement.

- A) The sending agency worker must fax a **CFS 1426, Approval for Case Transfer Form**, a current **CFS 906**, and a **CFS 1425**. In Cook County, APT will fax the above information with a signed **Approval for Case Transfer Form** to CAPU within three days. For non-Cook cases, APT will contact the FSM at the appropriate field office. The receiving FSM should approve acceptance of the case to a particular field office (based on geo-code of origin) within three days of contact from APT.

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- B) At the point the reassignment is complete in CYCIS, the case becomes the responsibility of the receiving team supervisor and team. The field office liaison will forward the assignment material to the appropriate FSM.
- C) The supervisor will assign all cases from the team's unassigned worker ID to a case manager ID within 2 working days. The supervisor will instruct workers who have been assigned a case transferred from a private agency to contact the private agency worker within one working day for a transfer staffing. The POS worker should also seek out the receiving Department worker to arrange a face-to-face staffing and should include the child, caregiver, and family whenever possible.
- D) The DCFS caseworker must have a face-to-face transfer meeting with the private agency worker within five working days of case assignment to the team. The original case record is transferred at this meeting. Private agencies may retain a copy of the case record. In addition, both the sending and receiving worker will attend all court hearings and ACR's for 30 calendar days after the case is transferred in CYCIS.

b) POS to POS Transfers

Prior to transferring a case, the private agency should conduct a review to ensure a child's case will be transferred to an objective decision-maker.

Agencies are to search within their system for an appropriate foster home match for the child. Siblings will be placed together in compliance with **Rule 301.70**. In the event an agency cannot secure an appropriate placement within its own system, it is responsible for securing an appropriate placement within another agency. Case management does not need to be transferred to the licensing agency. Case management may remain with the assigned agency if agreed to by the licensing agency.

Both the sending and receiving agency will be responsible for finalizing and submitting the service plan to the court and attending any court hearings and/or ACRs which occur within 30 days of transfer, unless the receiving agency agrees in writing to take sole responsibility for all aspects of the case.

- 1) The sending agency worker must fax a **CFS 1426, Approval for Case Transfer Form**, a current **CFS 906**, and a **CFS 1425** to their APT liaison within three days of identification of a receiving agency. The sending agency must provide documentation of the reason for transfer, including: an opportunity to consolidate a case; the need for specialized foster care; or an inability to locate an

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appropriate placement within their own agency. In Cook County, APT will fax the above information with a signed **CFS 1426, Approval for Case Transfer Form**, to CAPU within three days.

- 2) The receiving caseworker must have a face-to-face transfer meeting with the sending worker within five working days of case assignment. The receiving worker must be fully informed as to the reason for the transfer and verify all critical facts underlying the decision-making. The original case record is transferred at this meeting. The sending agency may retain a copy of the case record. In addition, both the sending and receiving worker will attend all court hearings and ACR's for 30 calendar days after the case is transferred in CYCIS.
- 3) If the transfer results in a change of placement for the child, a placement plan should be agreed to in writing and approved by appropriate supervisory staff of the two agencies and the APT liaison. The original plan should be filed in the child's record and a copy maintained by the sending agency.

c) Transfers Within Agencies/DCFS Regions

DCFS regions and agencies are responsible for keeping the case assignment data in CYCIS accurate. Agencies have the right and responsibility to transfer cases within their caseload as appropriate.

- 1) APTs transfer cases within private agencies. Cases assigned to an agency's unassigned 'intake ID' must be reassigned to a worker within 48 hours
- 2) DCFS regions transfer cases within their region.
- 3) For Cook County cases, CAPU is responsible for data entry of POS to DCFS and POS to POS transfers. Non-Cook, APT data enters POS to DCFS and POS to POS transfers.

Section 9.6 Intact to Placement Case Transfers – Cook County

When children served as an intact family case are taken into Department custody, the child's case will be transferred to a Department or purchase of service agency child welfare services team as described below.

- a) When children in active intact family cases are being screened into court, the screening worker is to assemble a case-opening packet comprised of copies of the following documents:
 - 1) A completed **CANTS 19, Data Sheet** listing all children who are being screened into court and any who may already be in Department care.
 - 2) A completed **CFS 1410, Case Registration Form**
 - 3) A completed **CFS 1425, Change of Status Form**

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- 4) A **CFS 906** for each child placed. There will be no **CFS 906** for children who are not in protective custody (pc) and whose cases are being screened for future dates. The placing worker is responsible for submitting the CFS 906 within twenty-four hours of placement.
 - 5) A completed **CFS 1425L, Legal Maintenance Form**, for each child
These packets must be routed to CAPU immediately upon deciding to screen the case. It is mandatory that the Department be notified that the case being opened involves a family case that is active with a Child Protective Services (CPS) team/provider.
- b) After checking to assure that each packet is complete, CAPU will determine the DCFS team or private agency to which the case will be assigned. The case will be assigned to the POS agency that served the intact family, provided the agency has the appropriate foster care services. CAPU will fax the case-opening packet to the DCFS or private agency liaison.
- c) When a child protection investigator (DCP) takes protective custody of children involved with a child protection services (CPS) family team, DCP must contact CAPU immediately for case assignment and placement. DCP is responsible for completing a diligent search. Although CPS workers may be able to provide pertinent information on viable relative placements, it is DCP's responsibility to secure the placement. For traditional placements, DCP will follow the procedures outlined in the case assignment for placement cases. A placement team is not responsible for case management or placement services until it contacted by CAPU.
- d) **Immediately** following screening with the State's Attorney's Office, the screening worker must call CAPU to inform them of the screening outcome, including whether or not the case was accepted for court and, if so, the date, time and location of the temporary custody (TC) hearing.
- When a case is accepted for court intervention, CAPU will notify the DCFS team or private agency of the date, time and location of the TC Hearing. Both the CPS worker and the placement worker will be expected to appear at the TC Hearing. When a case is rejected by the State's Attorney's office, CAPU will delete the assignment.
- e) The CPS worker will bring copies of the following to the TC Hearing:
- 1) A completed **CANTS 19, Data Sheet** listing all children who are being screened into court and any who may already be in Department care.
 - 2) A **CFS 906** for each child placed. There will be no **CFS 906** for children who are not in PC and whose cases are being screened for future dates.
 - 3) A **CFS 2010, Placement Clearance Agreement**, for each child placed.
 - 4) The most recent **CFS 1441, Child Endangerment Risk Assessment Protocol (CERAP)**.
 - 5) All indicated investigations in the case record.
 - 6) The Comprehensive Assessment and any updates.

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- 7) The most recent service plan (CFS 497).
- 8) Health screening packets for any children already in custody, including Medicaid eligibility card, signed forms **CFS 425, Routine and Ordinary Health and Dental Care, CFS 653, HealthWorks Health Services Encounter form, CFS 650, Health Passport** and **CFS 600-3, Release of Information**.
- 9) Infant care equipment voucher, if applicable.
- 10) Clothing vouchers for each child placed.
- 11) The completed Burgos forms, if applicable.

The CPS worker is to discuss the case with the placement worker while at court for the TC hearing. The documentation listed above is to be given to the placement worker at that time.

- f) **Immediately** following the TC Hearing, the CPS worker is to fax a completed copy of the **CFS 462-1, Temporary Custody Hearing Results Form** and a completed **CFS 1425L, Legal Maintenance Form** to CAPU. If DCFS has received custody of at least one child, CAPU will open the children's cases and transfer them to the placement agency/team. In cases where PC was not taken, and therefore **CFS 906's** had not been completed, completed **CFS 906's** must also be faxed to CAPU. The family case will remain assigned to the CPS worker. Until the family case is transferred to the placement team/agency, the CPS worker retains primary responsibility for the case. The CPS worker will also be responsible for ensuring that the children receive an initial pre-placement health screen. If custody was not granted, CAPU will delete the child placement case assignment.
- g) During the time between the assignment of the children's case to the placement team/agency and the transfer of the family case, a transition of relationship and responsibility must occur. During the transitional period, the placement worker is to be responsible for parent/child visitation and tasks related to the children in substitute care. This transition is to occur as follows:
 - 1) Within one week of placement the CPS worker/provider is to meet with the placement worker to plan for the transition of case responsibility. The CPS worker will be responsible for completing or updating the comprehensive assessment. The placement worker will be responsible for those elements of the comprehensive assessment that pertain to the children in care.
 - 2) The family service plan will be completed at the 30-day supervisory staffing convened by the placement supervisor. The family case is to be transferred to the placement worker at this time. At this point the placement worker assumes primary case responsibility. The CPS worker is to give the placement worker a copy of the file at this point

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- 3) The CPS worker and the placement worker are to attend all court hearings that occur during this transition phase as well as the 55-day Family Conference in Juvenile Court.
- h) A more specific delineation of responsibility during the transition from intact to placement is as follows:

CPS worker responsibilities

- 1) Complete **CFS 458-A, Affidavit of Relationship**, including CANTS and LEADS checks when appropriate
- 2) Contact the HealthLine (1-800-KID-4345) to schedule an initial health screening; ensure the initial health screening is completed; and fill out the investigator's portions of the HealthWorks Encounter Form and Health Passport, including and psychiatric and psychotropic medication needs
- 3) Ensure all signed copies of valid consents are in the record
- 4) Place children (HMR cases only)
- 5) Complete post placement CERAP (HMR cases only)
- 6) Provide the Medical Card, Clothing Voucher, and Infant Equipment voucher to the foster parent or placement worker
- 7) Complete **CFS 1440, Family Assessment Worksheet**
- 8) Complete Eligibility IIIs
- 9) ensure all custody and visitation orders are in the record
- 10) If appropriate, provide documentation that the diligent search protocol has been followed.
- 11) Together with the placement worker, complete or update the comprehensive assessment
- 12) Together with the placement worker and parent, complete the initial post-placement **CFS 497** service plan at the 30-day supervisory staffing.
- 13) Complete written case transfer summary.

Placement Worker Responsibilities

- 1) Identify appropriate placement for non-HMR cases
- 2) Place child(ren) in non-HMR foster home(s)

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- 3) Assure that parent-child and sibling visitations occur according to DCFS policy and any relevant court orders
- 4) Obtain birth certificates and immunization records
- 5) Obtain pertinent education records
- 6) Follow up on any medical and/or psychological needs not addressed in an initial health screening, pertaining to the child as identified during the initial health screening.
- 7) Attend to all needs related to the placement
- 8) Together with the CPS worker, complete or update the comprehensive assessment
- 9) Together with the CPS worker and parent, complete the initial post-placement **CFS 497**-service plan at the 30-day supervisory staffing. It is critical that the CPS worker and the placement worker maintain close communication during the transition period.
- 10) Instruct the placement provider (foster parent, relative caregiver or group home/institution) to call the HealthLine (1-800-KID-4345) to select a primary care physician and to schedule a comprehensive health evaluation, which is to occur within 21 days of custody.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution X, Z and C-3

POLICY GUIDE 99.07

TREATMENT REFERRALS FOR VICTIMS OF SEXUAL ABUSE

RELEASE DATE: June 30, 1999

TO: Rules and Procedures Bookholders and Direct Service Staff

FROM: Jess McDonald, Director

EFFECTIVE: July 15, 1999

I. PURPOSE

More than 8,000 children in Illinois were identified victims of sexual abuse in 1998 and thousands more have been brought to the attention of the Department of Children and Family Services in previous years. Sexually abused children who do not receive prompt clinical intervention for their victimization are at risk of developing serious and persistent emotional disorders, including reactive behaviors which may pose a risk of sexual harm to others.

Child protection workers, case managers and supervisors routinely refer child victims of sexual abuse for medical and counseling services to protect the physical and emotional health of these children. The purpose of this policy guide is to encourage more focused therapeutic interventions for these children, while supporting the ongoing efforts of workers in the public and private sector of child welfare. In support of this goal, the Department requires that child victims of sexual abuse be referred to qualified treatment providers who have clinical experience in the field of child sexual abuse.

II. PRIMARY USERS

The primary users of this policy guide are Department caseworkers, supervisors, Field Services Managers, Administrative Case Review (ACR) staff, Agency Performance Teams (APT), and purchase of service agency (POS) caseworkers and supervisors.



III. KEY WORDS

Child victims of sexual abuse, focused therapeutic intervention, qualified treatment providers, Treatment Referral Form, Clinical Services Manager, best practice

IV. IDENTIFICATION OF CHILD VICTIMS OF SEXUAL ABUSE

Child victims of sexual abuse (Allegations 18, 19, 20 and 21) will be brought to the attention of caseworkers and supervisors by the Division of Child Protection in compliance with Procedures 300, Section 300.150 (Referral for Services). Child victims of sexual abuse shall be screened for referral for specialized treatment services in accordance with this policy guide.

V. TREATMENT SERVICE REFERRAL STANDARDS

1. Child victims of sexual abuse shall be referred to qualified and experienced providers to receive treatment for their victimization when:
 - a. the child was a victim of sexual abuse on or after the effective date of this policy guide; and
 - b. the child has been determined to have a sexually transmitted disease (Allegation 18); or
 - c. the child has been determined to have been sexually penetrated (Allegation 19); or
 - d. the child has been determined to have been sexually exploited (Allegation 20); or
 - e. the child has been determined to have been sexually molested (allegation 21); and
 - f. the child/family has an open case with the Department (Intact Family or Placement); or
 - g. the child/family has been referred for case opening; or
 - h. the child/family is being served directly by the Department or through a purchase of service agency.
2. Department and POS caseworkers are **not** required to refer child victims of sexual abuse for treatment services when any of the following conditions exist:

- a. The child and/or family are already receiving appropriate therapeutic services from a qualified clinician, including residential treatment, and the clinician has been informed of the child's victimization. This includes children and/or families who have completed treatment with a therapist who was aware of the child's sexual abuse.
- b. There are no child safety or protection issues and a Child and Youth Centered Information System (CYCIS) case is not being opened. In cases that are not referred for opening, including reports which are unfounded, the assessing worker in downstate regions or the Division of Child Protection (DCP) worker in Cook County shall provide the parents with resource information for treatment and intervention, including child advocacy centers, assault and abuse services, or family counseling centers.
- c. Parents of an intact family case decline the treatment referral for their child who is not a ward of the Department and under the age of 13. Children ages 13 and older can consent to the treatment referral. When treatment services are declined, the caseworker shall monitor the child's safety in accordance with the Child Endangerment Risk Assessment Protocol. When appropriate, the caseworker should continue to encourage the family to accept a referral for treatment.

VI. SERVICE REFERRAL PROCEDURE

1. Department and POS caseworkers and their supervisors are responsible for referring child victims of sexual abuse for specialized therapeutic services within **ten** working days after receipt of the CFS 1440.
2. All treatment referrals are to be made by the caseworker using the **CFS 603, Sexual Abuse Treatment Referral** form (Attachment I).
3. Child victims of sexual abuse **must be referred to qualified treatment providers with clinical experience in the field of child sexual abuse.** The attached list of treatment providers (Attachment II) is not definitive. Caseworker questions concerning the use of providers in their area not identified in Attachment II should be directed to his/her immediate supervisor or the regional Clinical Services Manager.
4. The supervisor's signature approval is required on the CFS 603 before the caseworker establishes the first appointment for the client with the qualified provider identified in Section I of the form.

5. Within ten working days of receipt of the CFS 1440, Department and POS caseworkers shall forward a copy of the completed CFS 603 to the following persons:

- Treatment Provider
- Clinical Services Coordinator
- Susan Netznik
DCFS – Division of Clinical Services
406 East Monroe Street, Station #222
Springfield, IL 62701
Phone: 217/524-3697
FAX: 217/524-3241

VII. DEFLECTED TREATMENT REFERRALS

1. Caseworkers shall complete Section II of the CFS 603 when the caseworker determines that a referral for treatment services is not required or appropriate (e.g., child is under the age of four, child has functional impairments which preclude participation in treatment).
2. The caseworker shall obtain the approval and signature from his/her regional Clinical Services Manager as well as his/her immediate supervisor on the CFS 603.
3. The caseworker shall forward the completed CFS 603 to Susan Netznik within ten working days of receipt of the CFS 1440.

NOTE: Children cannot be deflected from treatment without the approval of the caseworker's immediate supervisor and the regional Clinical Services Manager.

VIII. CASE MONITORING AND OVERSIGHT

Department and POS supervisors are responsible for assuring that child victims of sexual abuse are referred for and receive treatment in accordance with this policy guide, as well as performing case oversight and monitoring functions. Supervisory approval is required for any planned change of providers, changes in services or termination. The reason(s) for any change in the child's treatment plan must be clinically sound and clearly documented in the child's case record.

The Clinical Services Manager or his/her designee will provide case consultation at the request of the Department or POS supervisor, or when there are concerns/questions about services or treatment goal progress. Clinical Services Managers may review case records and/or request a telephone conference or staffing on behalf of any child receiving treatment services for sexual abuse.

IX. STANDARDS OF SERVICE

The Department of Children and Family Services is committed to providing therapeutic services that represent best practice to child victims of sexual abuse. Services must meet the following criteria in order to achieve this goal:

- Therapeutic treatment determinations must be individualized to the child's age and gender.
- Treatment plans must emphasize the child's strengths rather than weaknesses.
- Therapeutic treatment services must be focused and time-limited.

Children who have been sexually or physically abused over extended periods of time, or who have suffered physical trauma from abuse, or have been traumatized by domestic violence typically require longer-term treatment. Services for these children shall continue until established treatment goals have been achieved.

Standards of intervention for child victims of sexual abuse will be developed by the Department with input from the provider community to ensure that these children receive clinically sound services. These standards will be used to establish a clinical protocol for treatment as well as certification requirements for providers. Department and POS staff will receive training on the requirements in the standards for treatment and intervention with sexually abused children.

Questions regarding referrals or services for child victims of sexual abuse should be directed to Susan Netznik, 217/524-3697.

X. CASE TRACKING

The CFS 603, Sexual Abuse Treatment Referral form, will be used by the Division of Clinical Services to develop a monthly tracking report which will list all children identified as victims of sexual abuse, agencies providing treatment services, and referral and initiation of treatment dates. Dispositional information for children deflected from treatment and the reason(s) for the deflection shall also be included in the monthly tracking report. Monthly tracking reports will be sent to Regional Administrators, Clinical Services Managers, DCP managers and supervisors and Agency Performance monitors.

XI. ATTACHMENTS

The following items are attached to this policy guide:

- Attachment I, CFS 603, Sexual Abuse Treatment Referral form
- Attachment II, Treatment Providers

XII. FILING INSTRUCTIONS

This policy guide is to be filed with Procedures 302, Subpart C, Section 302.320 (Counseling or Casework Services).

Attachment I
State of Illinois
Department of Children and Family Services
SEXUAL ABUSE TREATMENT REFERRAL

Date: _____

SCR/UIR #: _____

Child's Name: _____ Age: _____ DOB: ____/____/____ Race: _____ Sex: _____

I.D. #: _____ Region: _____ Team #: _____ POS Agency: _____

Section I **Child Referred For Treatment Services**

The above referenced child was referred for treatment of sexual abuse on ____/____/____.
Date of first appointment ____/____/____

Name of treatment provider:
Address:
Phone:

Supervisor's Signature _____ Date: _____

Caseworker's Signature _____ Date: _____

Section II **Child Not Referred For Treatment Services**

A supervisory review of the available information and reports concluded that a referral for treatment of sexual abuse for the above referenced child is unnecessary or inappropriate for the following reason(s)

Caseworker's Signature _____ Date: _____

Supervisor's Signature _____ Date: _____

Clinical Services Manager's Signature _____ Date: _____

This form is to be submitted to Susan Netznik, Department of Children and Family Services, 406 East Monroe Street, Station #222, Springfield, IL 62701

Distribution by caseworker:
Treatment Provider
Clinical Services Coordinator
Susan Netznik

Attachment II

TREATMENT PROVIDERS FOR VICTIMS OF SEXUAL ABUSE SOUTHERN REGION

Advance Behavioral Health Services (St. Mary's Hospital) 1921 Broadway Mt. Vernon, IL 62864 618/242-9226 Fax: 618/242-9230	Family Life Consultants 2014 Vandalia Avenue Collinsville, IL 62234 618/345-9536 Fax: 618/349-9536
Alternative Counseling, Inc. #1 Mark Twain Plaza, Suite 325 Edwardsville, IL 62025 618/656-5104 Fax: 618/656-5196	3 Meadow Heights Professional Bldg. Collinsville, IL 62234 618/345-9536 Fax: 618/345-9536
Call for Help 7623 (R) West Main Belleville, IL 62223 618/397-0996 Fax: 618/397-6836	Franklin Williamson Human Services 1307 West Main Street Marion, IL 62959 618/997-5336 Fax: 618/937-1440
Children's Center for Behavioral Development 353 North 88 th Street Centreville, IL 62203 618/398-1152 Fax: 618/398-6977	Gary Lemmon & Associates 904 East Main Norris City, IL 62869 618/378-3010 Fax: 618/378-2308
Community Resource Center 1325 C. West Whittaker Street Salem, IL 62881 618/548-2181 Fax: 618/548-1035	Heartland Human Services 1200 North Fourth Street P.O. Box 1047 Effingham, IL 62401 217/347-7179 Fax: 217/342-6716
Egyptian Health Department 1412 U.S. 45 N. Eldorado, IL 62930 618/273-3326 Fax: 618/273-2808	Jefferson County Comprehensive Services Route 37 North P.O. Box 248 Mt. Vernon, IL 62864 618/242-1511 Fax: 618/242-6392

Southern Region

Life Paths 901 Medical Park Drive, Suite 301 Effingham, IL 62401 217/347-5252 Fax: 217/347-5757	Matthew & Associates P.O. Box 546 Herrin, IL 62948 618/988-1757 Fax: 618/988-1700
Lutheran Socail Services of IL 1616 West Main, Suite 402 Marion, IL 62959 618/997-9196 Fax: 618/997-6843	Red Hill Counseling Center 212 East South Avenue Sumner, IL 62466 618/936-2151 Fax: 618/936-2151
Massac County Mental Health 206 West Fifth Metropolis, IL 62960 618/524-9368 Fax: 618/524-9551	Woodham, Sheryl, L., LCSW First United Methodist Church 335 South Fiar Street Olney, IL 62450 618/392-2250 Fax: 618/392-2250 (Call before sending Fax)

NORTHERN REGION

Advocate Health & Hospitals Corp. 391 Quadrangle Drive, Suite N4 Bolingbrook, IL 60440 630/679-0127 Fax: 630/679-0323	Evangelical Health Services (See Advocate Health & Hospital Corp.)
Central Baptist Family Services P.O. Box 218 Lake Villa, IL 60046 847/356-2391 Fax: 847/356-2436 77 Riverside Drive Elgin, IL 60126 847/741-7140 Fax: 847/741-2089	Family Advocate 716 North Church Street Rockford, IL 61103 815/965-5172 Fax: 815/965-5174 Family Counseling Service of Aurora 70 South River Street, Suite 3 Aurora, IL 60506-5178 630/844-9090 Fax: 630/844-9030
Community Counseling Associates 4500 West 147 th Street Midlothian, IL 60445 708/597-0032 Fax: 708/597-0649	Interactional Counseling 496 Forest, Suite 4 Glen Ellyn, IL 60137 630/545-2857 Fax: N/A

Northern Region

Kankakee County KC CASA 401 North Wall Street, Suite LL07 Kankakee, IL 60901 815/936-7372 Fax: 815/936-9829	Northwest Treatment Associates 273 East Chicago Street Elgin, IL 60120 847/608-8570 Fax: 847/608-8572
Latino Youth Services 529 West Elk Grove Elk Grove Village, IL 60007 847/593-7077 Fax: 847/593-7056	Simonelic, Becky 972 North Main Street Rockford, IL 61103 815/963-5095 Fax: N/A
Lederman, Chuck, Ph.D 10 West Jefferson Naperville, IL 60540 630/416-3146 fax: N/A	Slocum, Susan 201 South Winnebago Road Winnebago, IL 61088-9030 815/335-2683 Fax: N/A
Markarian, Dr. Larissa 10 West Martin Street Naperville, IL 60540 630/961-00410 Fax: N/A	Thorud, Robert, Ph.D 2610 East Cass Joliet, IL 60432 815/722-1855 Fax: N/A
McHenry County Youth Service Bureau 101 South Jefferson Street Woodstock, IL 60098 815/338-7360 Fax: 815/337-5510	White, Paul 3703 North Main Street Rockford, IL 61103 815/964-9590 Fax: 815/877-9382

CENTRAL REGION

ABC Counseling 115 West Jefferson, Suite 103C Bloomington, IL 61701 309/828-3367 Fax: 309/827-4539	Brower, Penny 4617 North Prospect, Suite 11-A Peoria Heights, IL 61614 309/681-1860 Fax: 309/971-1871
Bromenn Health Care 406 West Virginia Normal, IL 61761 309/451-2910 Fax: 309/451-2913	Catholic Social Services P.O. Box 817 Peoria, IL 61652 309/671-5720 Fax: 309/671-0257

Central Region

Center for Children's Services 702 North Logan Danville, IL 61832 217/446-1300 Fax: 217/446-1325	Community Resource & Counseling Center Route 45 North & Pine Street Paxton, IL 60957 217/379-4302 Fax: 217/379-4304
Center Pointe 1801 Fox Drive, P.O. Box 1640 Champaign, IL 61824-1640 217/398-8080 Fax: 217/398-0172	DeWitt County Human Resource Center 1150 route 54 West, P.O. Box 616 Clinton, IL 61727 217/935-9496 Fax: 217/935-4508
Central Baptists 1674 West Polk Avenue Charleston, IL 61920 217/345-6554 Fax: 217/345-4611	Douglas County Mental Health Counseling 114 West Houghton Tuscola, IL 61953 217/253-4731 Fax: 217/253-4733
Chestnut Health Systems 702 West Chestnut Bloomington, IL 61701 309/827-6026 Fax: 309/829-0016	Family Services of Champaign County 405 South State Street Champaign, IL 61820 217/352-0099 Fax: 217/352-9512
Child Abuse Council (SATP) 525 16 th Street Moline, IL 61265 309/764-7017 Fax: 309/757-8554	Goodale, Susan 410 Fayette Street, Suite 201 Peoria, IL 61602 309/671-3822 Fax: 309/694-7920
Clinical Systems 3151 Butler Avenue Springfield, IL 62703 217/529-2142 Fax: 217/529-2174	Greenslate, Pam 7211 North Knoxville Avenue Peoria, IL 61614 309/691-5515 Fax: N/A
Coles County MHC 1300 Charleston Avenue Mattoon, IL 61938 217/234-6405 Fax: 217/258-6136	

Central Region

Gremmels, Pamela Old Levee all, P.O. Box 152 Monticello, IL 61856 217/369-0335 Fax: 217/359-9862	Mental Health Centers of Central Illinois 710 North Eighth Street Springfield, IL 62702 217/525-1064 Fax: 217/525-9047
Hill, Ron 410 Fayette Street, Suite 201 Peoria, IL 61602 309/671-3826 Fax: 309/671-3825	Mental Health Centers of Champaign County 1801 Fox Drive, P.O. Box 1640 Champaign, IL 61824-1640 217/398-8080 Fax: 217/398-0172
Institute for Human Resources 310 East Torrance Avenue Pontiac, IL 61764 815/844-6109 Fax: 815/844-3561	Phelps, Alane P.O. Box 181 Monticello, IL 61856 217/762-4507 Fax: N/A
Iroquois Mental Health Center 908 East Cherry Street, P.O. Box 322 Watseka, IL 60970 815/432-5241 Fax: 815/432-4537	Piatt County Mental Health Center Route 105 North Monticello, IL 61856 217/762-5371 Fax: 217/762-4066
Lutheran Social Services of IL 610 Abington Street Peoria, IL 61603 309/671-0300 Fax: 309/671/0503	Rape Information & Counseling 110 West Laurel Springfield, IL 62704 217/744-2560 Fax: 217/744-2562
Maddox, Keith 718 North Kankakee Lincoln, IL 62656 217/732-3205 Fax: N/A	Shelby County Mental Health Center 1810 West South Third Shelbyville, IL 62565 217/774-2114 Fax: 217/774-2256
McClean County Center for Human Services 108 West Market Street Bloomington, IL 61701 309/827-5351 Fax: 309/829-6808	U of Illinois C/O Linda Simkins 530 NE Glen Oak Peoria, IL 61637 309/655-3640 Fax: 309/655-2565

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